

Also a General Assortment of Concentrated Medicines, from the Laboratories of
MESSRS. KEITH & CO., N. Y., AND WILLIAM B. MERRILL & CO., O.

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No. 27.

Sclerotic.—The first tunic of the eye is the sclerotic. It forms about four fifths of the ocular sphere. Behind, it is perforated by the optic nerve, and in front has attached to it the cornea. The recti and oblique muscles are inserted upon its surface. It is formed of closely interwoven fibres of connective tissue. In its deeper portions, the fine and regular fibrous net-work resembles tubes, which have been regarded by some as nutritive canals.

Fig. 25



Exhibits a section of the Eye with its stratified tunics, lenses, ciliary processes, iris, &c. &c.

Blood-vessels.—This membrane cannot be regarded as very vascular, though it is pierced by numerous trunks, such as the *long, short,* and anterior ciliary arteries, all of which

originate from the ophthalmic. The first and second set enter the tunic just in advance of the optic nerve, most of which pass directly through; those which run in its structure are disposed in oblong meshes. The last, or anterior, ciliary arteries come from the muscular trunks, and pierce the sclerotic near to its junction with the cornea. Veins are seen to emerge through the coat to terminate finally in the ophthalmic.

Nerves.—The nerves come from the ophthalmic ganglion and the nasal branch of the ophthalmic division of the fifth pair, and pass through the coat near the long and short ciliary vessels. Both the arteries and nerves, after penetrating the membrane, run in quite straight courses between it and the subjacent tunic. Their further distribution will be pointed out when the dissection has been conducted a little deeper.

Cornea.—The anterior fifth of the eye is occupied by the cornea, thus completing the ocular sphere in front. The visible limit of this membrane is easily distinguished by the white line at its circumference, the ciliary ligament. It is a perfectly transparent, brilliant structure, concavo-convex in form: the surfaces of which, however, are not exactly parallel, being more widely separated at the centre than the circumference, and in consequence of its conformation possessing a well-marked magnifying power. It consists of the following layers: *conjunctival*, *proper*, and *elastic*. The first has already, in a former paper, been alluded to as consisting of cells arranged according to the description in Fig. 26. The second layer, called also the *cornea propria*, or proper cornea, is stratified, numerous laminae being piled on top of each other. These layers are composed of very fine fibrous tissue, and attached to each other by an equally delicate connective substance, scattered among which are fusiform and branched cells similar to those seen in the contiguous portions of the sclerotic.

The elastic layer is situated within the laminated cornea. Its name will express one of its properties—that of elasticity. In composition, it is structureless, perfectly trans-

parent, and maintains this property for a long time, even when subjected to various re-agents. It supports, on its inner surface, an epithelium, the two being called the membrane of Descemet.

Fig. 26.

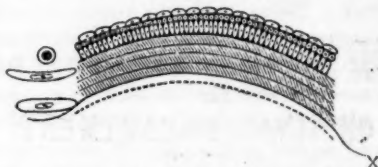


Fig. 26 represents the plan upon which the cornea is constructed. The conjunctival or external layer consists of cells, of which those of the deepest stratum are elongated in a vertical direction; above these, others that are round; and last, and most superficial, a flattened variety. On the inner or concave surface of the figure, are seen two lines, one of which is dotted, the other marked by a +; these represent the elastic or membrane of Descemet. The intermediate portions consist of parallel laminae, united by an intermediate connective tissue, and form the proper cornea; and on the margin of the cut are seen two cells similar to many of those seen among its elements.

Corneal connection.—The connection between the cornea and sclerotic, is very unlike that which is commonly given in works on descriptive anatomy, in which, among other illustrations, it is compared to the connection between a watch-case and its crystal. In truth, the cornea is but a new arrangement of the elements of the sclerotic, the one being continued into the other. Its conjunctival layer retains only the cell constitution of that membrane on the sclerotic; the middle or proper laminated cornea at its circumference, breaks up into a pennicillous border, the fibres of which intermix with those of the sclerotic; and the inner or elastic layer at its circumference, splits also into many little processes, which are continued a short distance, upon the anterior margin and surface of the iris. These are the *pillars of the iris*—so called by Bowman—and the spindle and stellate cells which lie among the layers of the cornea, similar to those found scattered through the texture of

the sclerotic. Nerves run throughout the cornea, but it is destitute of bloodvessels.

Practical Remarks.—No structure could be better adapted to support and protect the delicate interior apparatus of the eye, than the sclerotic. Being made up largely of white fibrous tissue, it is, in a great measure, inextensible, and will, therefore, retain its form. The cartilage and bone added to it, in certain fish already mentioned, contribute, in an increased degree, to this end. It may be predicated, on this property, that all distensions within the interior of the eye will be painful, and to a degree sometimes insupportable, as the nerves immediately beneath the tunic in question will be subjected to the compression. The soreness often felt in the eyeball, in congestion of the intra-cranial bloodvessels, is due to the resistance which this membrane offers to the over-distended vessels of the eye. Its bloodvessels, when they become the seat of inflammation, become quite apparent, either as red lines, quite straight, or if approaching at network, like the conjunctival vessels, it is in very oblong meshes. The cells scattered in its structure, may become filled with oil-drops, destroying, in a measure, its power of resistance, and allowing it to bulge at such situations. Like other fibrous structures, it may be attacked by rheumatic affections. Its continuity with the dura mater, as the sheath of the optic nerve, will suggest the extension of disease from one to the other. When attacked by morbid growths, the tumors are generally fibrous, and so incorporate themselves with its structure, that their removal is not without danger to the contents of the eye. Ossification may take place in the conjunctiva.

The transparency of the cornea makes it the window of the organ through which alone light can enter the eye. In insects, as for example, the common house fly, the whole corneal surface presents a beautiful mosaic work of hexagonal facets, which, being connected with corresponding processes of the special nerve, are really so many distinct corneæ. Geoffroy estimates 34,650 of these facets in the eye of a butterfly. As the external layer of the cornea is an epithelial one, such growths

as occur here will consist of accumulations of these cells, as warts, though such morbid productions are not of common occurrence. The contents of the cell layer may lose its transparency, which will produce a dull, hazy appearance, not unfrequently observed. Considerable lachrymation attends this condition, because this layer is continuous with the conjunctiva into the ducts of the lachrymal glands. In the laminated or proper cornea, disease becomes much more serious. The nebula, leucoma, and albugo of writers are all but degrees of the same condition, that of effusion of lymph between the layers of the cornea. This exudation is the product of the marginal vessels, and in consequence of the alleged non-vascularity of the cornea, and the very few lymphatics, its subsequent removal is very unlikely to take place. A spot of this kind will, therefore, intercept the visual rays to the serious detriment of the organ. Squinting is known to co-exist occasionally with a mechanical obstruction of this nature. It would appear to be an effort, on the part of the ocular muscles, to change the direction of the eye, so as to present a clear portion of the membrane in a favorable situation for the incident light. The surgeon acts upon this hint, and can now and then do good by a judicious division of some one of the straight muscles. The plates of the cornea propria being united by connective tissue, are consequently an appreciable distance apart, and this would seem to be one of the conditions of correct vision. Alteration, in their proper relation, will produce indistinctness of sight. This may be brought about by any influence operating from within, as an increase of the aqueous humor, fullness of the vessels, etc. This pressure squeezes the fluid out of the cells, which are lodged between the laminae, into the areolæ of the connective tissue.

The stratified construction of the cornea enables it to resist, with no inconsiderable power, force when applied perpendicular to its surface, and foreign bodies retain themselves in position by becoming imbedded in the same laminae. They are, consequently best removed by acting parallel with these strata. Ulcers

frequently locate here, and acquire their depth by the successive destruction of these layers. In this way an ulcer may extend through one after another until a complete perforation be made, and the aqueous humor be discharged, and the iris fall into the opening, constituting "*Hernia of the Iris*;" or, if not to this depth, until the elastic or inner layer, the tendency of which is to press forward, shall be carried through and appear as a small vesicle filled with the same humor. To open this little tumor would be to empty the aqueous humor. The reproduction of the cornea, when thus destroyed, and the ready union after incisions, are quite remarkable, considering its relation to the sources of nutrition.

The extraction of a cataract requires a section of the cornea, and as it is an object to secure the flap against displacement, that made through its superior circumference, is regarded as the best, not being liable to be hooked up by the upper eyelid in its elevations. The lids, when closed, act very uniformly against the cornea, and should be thus maintained after sections into its substance, as the best method of preserving good apposition. A very great difference in the size of the cornea of different individuals exists, a consideration which will have some weight in deciding upon the operation of cataract by extraction.

When the cornea becomes so prominent as to project beyond its proper curve, it is called *prominent cornea*, if more protruding, it may be beyond the lids, a *staphyloma*. The latter involves a change in the structure of the tunic, which, with a soft, plastic exudation in its tissue, renders it unable to withstand posterior pressure. It can scarcely be imagined that, without such an antecedent change, a tunic so strong should yield to mere interior pressure.

One variety of near-sightedness and far-sightedness depends upon too great or too little convexity. One of the earliest symptoms of the *prominent cornea* is myopy, and, accordingly when such an alteration commences in the focus of vision, suspicion should be aroused in this direction.

On a Case of Inflamed, Undescended Testicle—Peritonitis—Internal Strangulation—Death.

By T. G. MORTON, M. D.,

One of the Surgeons to the Wills Hospital, Philadelphia.

On the 8th of October, 1859, I was called to see Mr. S., aged 21 years, who had been confined to the house for two days; he was naturally delicate, and complained of diarrhoea, and want of appetite; his countenance expressed some uneasiness, features rather contracted and shrunken, skin pale and moist, pulse 90; he had had four small passages that morning, no pain at stool; attention was directed to his diarrhoea and weakness, for which he was ordered the Ext. Krameria and Opium, with small quantities of blue mass, wine-whey and nourishing diet.

October 9th, about 2 A. M., he was suddenly seized with intense pain in the lower part of the abdomen, which lasted about half an hour; also pain in passing his urine, and constant desire to make it; his abdomen was slightly distended, and some tenderness upon manipulation; while I was with him (9 A. M.) a paroxysm of pain came on, and he was drawn almost double. He was placed in a warm bath which gave some relief. I now made inquiry if he had ever had hernia—from his general appearance and symptoms suspecting intestinal obstruction; he informed me that he always had a tumor in the left groin, and that his left testicle had never descended, and that at times he had dragging pains in that region. On examination, the left scrotum was found empty, and a tumor in the left inguinal canal, oval in shape, not very firm; on manipulating with and pressing the tumor in the direction of the canal, he experienced much more pain than at any other portion of the belly; the scrotal sac contains fluid which could be forced up to the base of the tumor but not past it; the bowels had not been open since yesterday; pulse 100; patient weak and restless, had vomited, features were contracted; ordered blue mass and opium every hour, a flaxseed poultice over the entire abdomen, neutral mixture, beef tea and wine-whey; during the afternoon he vomited much bilious matter, ab-

domen more tense, additional pain in the region of the tumor; an enema given, but it produced no passage.

Whether the tumor was a hernia, or an inflamed undescended testicle, or the testicle with a portion of bowel, was a matter of doubt; the vomiting, the evident increase of pain at that part, and his general appearance, made the diagnosis turn rather in favor of partial strangulation of the gut; slight taxis was made upon the tumor while he was in the bath, but of no avail.

Oct. 10th. Dr. Hall saw the patient with me; he became worse during the night, found him vomiting every thing which he took, extremely restless, pulse quick and small, slept only a few moments at a time; no passage from the bowels; there was some increase of pain in the abdomen, and more about the tumor; a blister was applied over the belly and dressed with mercurial ointment; a dose of castor oil was given, and it was decided that if the oil did not act upon the bowels, or if the matter vomited presented the least evidence of fecal substances, an exploratory operation should be performed. In about two hours after taking the cathartic, he had a liquid stool containing much of the oil and some feces—the operation was deferred. The vomiting ceased for a few hours, but soon came back with increased violence, stercoraceous matter made its appearance, which was ejected every few minutes, and the twisting pain in his bowels had returned in paroxysms, his skin became clammy, eye sunken, pulse extremely weak and frequent, abdomen tympanitic, not more tender; the case now presented all the symptoms of internal strangulation. Brandy punch and beef-tea were given in small, but frequently repeated doses, and carb. ammonia; enemas also given, but no effect produced.

Oct. 11th. Evidently sinking, was delirious during the night, stercoraceous vomiting all day; gradually sank, and died early in the evening.

Post Mortem Examination.—The tumor, which was in the inguinal canal, was the undescended testicle. It was atrophied, but not markedly so, its surface inflamed, the epididym-

is much inflamed and enlarged; the inguinal canal was so patulous that the index finger could be entered and turned about in it freely; no portion of the intestine was found in the canal at the examination. The peritoneum was intensely inflamed and the peritoneal cavity contains some pus and lymph. On carefully raising the intestines, which were much agglutinated together by lymph, an angulation of the ileum was found about ten inches from the cœcum; the gut was much distended and of a dark maroon color; this was caused by a constricting band of lymph wound around the gut like a string; other portions of the intestines were much inflamed.

Remarks.—The case before us presents many points of interest: the symptoms of strangulation of the bowel, associated with the tumor in the inguinal canal; absence of the testicle from its proper place, with increased pain in the region of the tumor, rendered the diagnosis uncertain as to whether it was a hernia or an inflamed undescended testicle, or both. The moderate amount of pain and tympanitis contrasted greatly with the appearance of the violence of the inflammation, as seen by the post mortem examination. The inflammation, probably arising first in the testicle or epididymis, travelled up the tunica vaginalis testis, and thus produced the general peritonitis, which caused death. His debilitated condition, from the first, rendered depletory measures out of the question.

In the last number of the *London Lancet*,¹ a case is reported in many respects similar to this one. In the one referred to, the patient died from internal strangulation; he had also a tumor in the inguinal canal, where the obstruction was thought to exist; he was operated upon, and only an omental hernia found, which was perfectly healthy, and a portion of which was returned, but he obtained only temporary relief. The symptoms suddenly returned, followed by extreme prostration, and the patient died. Upon the post mortem examination, “the hernia, which was entirely omental, presented no signs of strangulation, and had evidently nothing to do with the

¹ The *Lancet*, vol. 1, 1860, p. 401.

symptoms;" "raising the small intestines, it was seen that several feet of about the middle of the small intestines were constricted by a small string-like band, which caused strangulation and death."

Erichsen reports¹ several interesting cases, which bear upon the one reported, in reference to inflammation occurring in, or about an undescended testicle, and spreading thence to the peritoneum. He says "it is a condition which is not unattended with danger; for cases are on record in which the inflammatory action, extending to the peritoneum, has occasioned death;" and "Curling on the Testes"² says, "It will be shown that secondary orchitis, or inflammation, commencing in the epididymis, is peculiarly liable to extend to the tunica vaginalis, and that, in all diseases of the organ, this membrane is very commonly implicated. Now, when the testicle is situated in the abdomen, or in the groin, and surrounded by a prolongation of peritoneum, there is no shut sac—no distinct tunica vaginalis—restricting the limits of inflammation when set up; but the disease is liable to affect the contiguous viscera, and extend through the abdominal cavity."

Several interesting cases, bearing upon the subject of inflamed undescended testicle, may be found reported by Pott.³

Puerperal Mania—Typhoid Fever—Belladonna as an Antigalactic, etc.

By DR. EDWARD H. SHOLL,
Of Warsaw, Ala.

I was called, March 13th, to attend Mrs. — in her fourth confinement, which terminated favorably after a natural labor of four hours. For several days and nights the child was very restless and irritable, entirely depriving the mother of sleep. On the sixth day she became very despondent, and awoke from

a short and troubled sleep with an anxious and haggard countenance, and the mind much disordered.

The bowels being torpid, a mercurial cathartic was given, which acted freely and with characteristic effect. Morphine sulph. was now ordered in half grain doses every hour till she slept. During the night she slept a troubled sleep of six hours. She awoke raving in frantic delirium and became totally unmanageable. There were fierce outbursts of anger and vituperation, maniacal screams and laughter, and the most determined efforts to leave her room, not recognizing the few friends with her, nor in any way noticing their requests.

The skin, at this time, was warm and moist, pulse 120. Every hour, under the influence of opiates and antispasmodics, her ravings became less wild and frightful, and later in the day her delirium changed to the low and muttering variety, in which she deplored her sinfulness, and prayed fervently that she might be "washed white in the blood of the Lamb."

About this time the lochial discharge ceased entirely, the skin was acting profusely, and the tendons at the wrist were incessantly twitching. Pulse 130. Opiates were now given till she slept profoundly. After eight hours rest, she awoke, her mind tranquil, actions and conversation rational, and entirely ignorant of what had transpired during the last thirty-six hours. Three small portions of mercury were given at intervals of five hours, the bowels again moved, and a sound sleep produced by opiates, with evidence of great improvement on waking.

The farther treatment consisted of opiates, anti-spasmodics, and diaphoretics as were necessary, and gentle tonics to recruit the weakened system. On the eighth day from the attack, she was discharged as convalescent. During none of the time was the secretion of the milk suppressed. We have, in this case, a demonstration of the tangible and happy effect of medicine, more marked than in any case of mere physical disorder. Rest was the indication, and, by the action of opiates, she came through the gates of sleep from the land of darkness into the brightness of day.

¹ Lancet, vol. 2, 1869, p. 276.

² Curling, p. 110.

³ Chirurgical Works, London, 1788, vol. 2, p. 223.

Since September last, we have had in town and vicinity, occasional cases of typhoid fever. The first case, a negro woman of sixty, was ushered in with profuse diarrhoea, which being checked, the disease pursued its regular course and was followed, on subsidence of the fever, by abscesses of both parotids, which continued discharging for nearly two months. Another case, a girl of fifteen, now in the forty-second day of her sickness, convalescing slowly, was first violently attacked with pneumonia of both lungs, expectoration scanty, viscid and almost black from the outset, with extreme difficulty and frequency of respiration. On the fourteenth day, when improving from this severe attack, a new train of symptoms set in, and in conjunction with the declining pneumonia, typhoid fever was developed and has run its regular course. I cite these two instances as rather uncommon, the one in its closure, the other in its secondary nature. In still another case on the twentieth day, while the patient was sitting up, he was violently attacked with symptoms indicative of intestinal perforation. Under the continuous use of opium in large doses, the aggravated character of this attack was in a week almost relieved, and I am happy to say I have had no necessity for a post-mortem examination to verify my diagnosis. I wish to call attention to the mode of treatment which has fortunately brought every case to a successful issue. Whenever satisfied as to the presence of typhoid fever, chlorate of potassa and tinct. gelsemini were given in combination every two hours; when tympanitis manifested itself, or the tongue indicated its use, oil of turpentine was used in connection with them, with fomentations of the same. To control the restlessness of delirium, opium, in five grain doses, as recommended by Dr. A. G. Henry, of New England, was used with the happiest effect. Tinct. gelsemini alone was used in several cases, and in two instances appeared materially to abridge the duration of the disease. On the abating of the fever, mild nourishment, gentle stimulation, and tonics were used. In other cases of which I was cognizant, where mercury was given with a view to its usual effect, the result was *invari-*

ably fatal. I append the formula used, modified from the one in which chlorate of potassa was used alone.

R. Potassæ chlorat. ʒi.
Sodæ bi-carb.
Pulv. acaciæ, aa ʒij.
Ol. terebinth. fʒi.
Tinct. gelsemini fʒiij.
Aquæ, q. s. ft. fʒviij.

M. Sig. Give a tablespoonful every two hours.

In the gelseminum, after much experience in its use, we have, I believe, a remedy of the most universal applicability that the world furnishes, and an invaluable addition to our means of combatting disease in its various forms.

I wish also to add my testimony in favor of the belladonna as an antigalactic, it never, as yet, having failed to produce the desired effect in any case I have used it. In most cases, the first few applications seem to produce an increased flow of milk; but, as a general rule, in from four to seven days, the secretion has been entirely suppressed. Whenever desirous of stopping the secretion rapidly in both breasts, I use, in conjunction, the iodide of potassium in eight grain doses, three times daily. Drs. Kerr and Massengale, of Cooksville, Miss., inform me that they are in the habit of using the ext. of hyoscyamus externally where they desire to suppress the secretion of the milk, with fully as good effect as that obtained from the belladonna.

In the treatment of threatened mammary abscess, I have been always able to prevent it, when taken in time, by the daily application of collodion to the entire breast, save the areola and nipple. This plan, as recommended by Prof. Evans, if timely pursued, will save much suffering.

A discrepancy exists in the formula for Warren's Styptic, as given in Wood's Practice, and in your journal some weeks since, which makes a very material difference in the strength of the preparation. The formula of Wood's Practice gives of alcohol and oil of turpentine each fʒij., of your journal of each fʒij. I have used the first formula given, more particularly in uterine hemorrhage, with prompt effect. Which is correct?

Tasteless Medicines.

By J. W. THOMPSON, M. D.

Of Philadelphia.

"Conservative Surgery" and "Rational Medicine" have been deservedly attracting a large share of attention within the last few years; and as a most important branch of the latter, I beg leave to call attention, in a few words, to the subject of "tasteless medicines," a subject which the desire for handsome and reliable preparations, has kept, until recently, entirely too much in the back ground. Occasionally an effort has been made, and something accomplished by some one who has been put to his wits' end by the weak stomach, or obstreperous character of a wilful patient, who has literally refused to take his nauseous prescriptions, choosing instead to run all the hazards of disease.

But only to a very limited extent have been these improvements, and the sick are still required to take such doses as a well person would loathe to utter detestation.

I am fully persuaded that such should not be the case, now that Chemistry and Pharmacy are being so wonderfully developed; and think that the taste of nearly every article in the *Materia Medica* may be either nullified or masked, without interfering at all with its essential properties.

When this cannot be done as a fluid preparation, it can generally be as a jelly, or a solid; the latter in pilular or granular form, coated with sugar and avoiding that, to many, sickening "Glycerrhiz. Pulv.," in which not a few continue to put up pills, because it answers the purpose, and because their fathers did so.

A great help in this needed reform, is the advancement which has been made in the preparation of the concentrated extracts, and in the separation of the vegetable alkaloids.

It would have been a fruitless task to have attempted, with many of the crude drugs as originally administered, but now is within reach of every hand; and let us see to it, one and all, that this step which is to be the next great improvement in medicine, is taken right early.

In fact we have no right as humanitarians to ask a patient to swallow nauseous doses, when we can minister to them in their afflictions, without offending the most delicate palate.

A few I know, who are grounded in the good old ways of antiquity, will say that it is all "fudge;" and that when persons get sick, they ought to be thankful for any thing that will do them good. But by such prejudices we ought not, and will soon find that we *must* not, be guided. And those who hold them, will, ere long, be classed in the same category with the surgeons who maintained that pain under their operations was a good thing; and therefore opposed the use of anaesthetics.

In the prosecution of this work (which I am happy to find is already occupying the attention of some of our Pharmacutists,) I would throw in a caution as to the size of pills. It is easier generally to give two, or even half a dozen small ones, than to administer a *bolus*; which if not a relic of barbarism, is at all events rather barbarious treatment.

As to the alkaloids, I am looking forward with confident anticipation to the time when we shall have in this form the active principles of nearly all our vegetable remedies, and hail every one brought forward, as the harbinger of brighter days in store. And I do so because I see in these a greater certainty of nature and action, a more manageable form, and, paradoxical as it may appear, a less dangerous article; because here we can know what, and what strength, we are giving, which either with the crude drug, or the old extracts, would often resolve itself into a very difficult problem, unless ascertained by experimental administration of each individual specimen. And this surely is not a very satisfactory practice.

Then as we have in this form the principles of a goodly number of our best medicines, let us use them; and at the same time urge on our researches until we can command the whole in the same manner; and once fairly tried, they will not willingly thereafter be done without, by any member of the profession.

Account of a Case of Congenital Extrophy of the Urinary Bladder.

By J. SOLIS COHEN, M. D.

Of Philadelphia.

The case is that of a lad fifteen years of age, and otherwise fully developed.

Protruding through a fissure in the muscular walls of the abdomen, is a red tumor which is the posterior wall of the urinary bladder, the anterior wall being absent in consequence of an arrest of development. On raising this tumor, close to the walls of the abdomen on each side, may be seen the orifice of the ureters, from which the urine continually drops as fast as conducted down to the basfond of the bladder. Below, is the penis with its glans. The prepuce is deficient, not covering the glans, below which is a little mass of material which may be a substitute for the prepuce. The glans is cleft, and there is a groove extending along the whole upper surface of the penis, which seems to be the lower wall of what would otherwise have been the urethra. The scrotum is unnaturally small, and hangs lower on the right side; the testes are small, and are not descended as low as in the ordinary condition. The prostrate gland can be distinctly felt, and there is, in all probability, an ejaculatory duct and vesiculæ seminales. Upon the left side there is an inguinal hernia, and the abdominal ring on the right side is very large, giving occasional exit to a hernia, when the tumor on the opposite side recedes.

Just above the exposed bladder is a depression, which is the umbilicus, very much dragged down.



- A. The posterior wall of the urinary bladder.
 B. The glans penis. C C. The scrotum.
 D. The umbilicus. E. An inguinal hernia.
 F. A groove along the upper surface of the penis.
 G. A fissure in the glans.
 H. Point from which the urine is seen to drip.

The preceding figure accurately exhibits the appearance of the parts.

This boy, shortly after his birth, was seen by the late Dr. Mutter, who advised the parents to allow the child to go as he was until he should become fifteen or sixteen years of age, when an apparatus should be made to protect the parts.

An apparatus is being made for him by Mr. Kolbe, of which the accompanying cuts give a front and back view.



It consists of a silver-plated metallic shell, designed to cover the parts and conduct the urine, which collects in its cup-shaped extremity, along an elastic tube to a gum-bag, which is to be secured to the thigh. The bag is furnished with a stop-cock for drawing off the urine as it accumulates. The shell is perforated by three large openings for the admission of air, and it is fastened to the body by appropriate straps.

The exposed mucous membrane of the bladder is very red, and bleeds sufficiently to stain the boy's linen. It is very much thickened

in consequence of its exposure to friction from the clothes, and the action of the air; and it is entirely void of sensation. The parts beneath the bladder are very sensitive, so that an attempt to probe the orifice of the uterus was attended with exquisite pain. The parts are very painful in damp and wet weather, so much so, at times, as to prevent the lad from sleeping, and often causing him to cry out all night. In fine weather, unless the parts are irritated from exertion or external violence, he does not complain of much uneasiness. The pain he describes as sharp and lancinating; and on these occasions his position in bed is on his arms and knees, till there is some relief, or he becomes too tired to remain so, when he turns upon his side. He seems in excellent spirits, and his general health is good.

Such cases as the above, though rare, are not as uncommon as may be supposed. The writer knows of three others now living—one, a lad in Kensington; another, a child in Wilmington, Del.; and the third, is a man in the prime of life, who, for several years, has been in the habit of exhibiting himself at the various medical schools throughout the country. Other cases are on record; for some of which plastic operations have been performed, with the view of concealing the bladder behind two flaps of integument taken from each side of the tumor, and brought together over its surface. The probability of success in these cases is doubtful, and the operation has not the general sanction of the profession.

Illustrations of Hospital Practice.

(Reports of Clinical Service, prepared expressly for the REPORTER, by J. Solis Cohen, M. D.)

PENNSYLVANIA HOSPITAL,

SATURDAY, MAY 5TH, 1860.

MEDICAL DEPARTMENT.—Service of Dr. Levick.*

Typhoid Fever.—This is in an Irish female, sixteen years of age, who arrived in this country eleven days ago, after a voyage of six weeks at sea. She was brought to the house the Monday previous—said to be suffering from diarrhoea, and had had a number of alvine evacuations in the house before active treatment was instituted. It was soon discovered that the diarrhoea was only a symptom instead of the disease. Her face was pale, with a tendency to duskiness about the cheeks; the tongue somewhat furred, and very tremulous; the pulse was over 100; there was disturbance of the nervous system, with

*The introductory lecture of Dr. Levick will be published in our next number.

loss of hearing; the abdomen was meteoric, and covered with sudamina; but there were none of the red spots characteristic of typhoid fever. Examination of the back part of the chest discovered the sonorous and sibilant râles, and also occasional subcrepitant râles, which, with the other symptoms enumerated, showed the case to be one of typhoid fever.

The patient, being much prostrated, was actively stimulated, and has been taking milk-punch every hour, with essence of beef, and also a grain of sulphate of quinia every two hours. On the back part of her chest have been applied cloths wrung out of turpentine, and her position is to be constantly changed to prevent the development of a low form of pneumonia. The patient will be again presented to the class to show the effect of the above treatment.

Profuse Diuresis.—This patient, a middle aged man, represented himself as suffering from diabetes, for which he had been unsuccessfully treated. He has been twice affected with enlargement of the liver, for which he had been profusely salivated each time, with a restoration to health. Last Christmas he was attacked with an unaccountable pain in his eyes; and at the same time he noticed an increase in the quantity of his urine. He applied for relief to an apothecary, who again salivated him profusely, but without effect; and since then he has been treated ineffectually for diabetes by a physician.

He complains of general debility and a feeling of nervousness; has lost flesh, but is not emaciated; his skin is dry, with a tendency to desquamation; he has great thirst and frequent micturition, voiding more than eight pints of urine in the twenty-four hours. The urine is very clear; has no special odor; has a sp. gr. of 1008, and presents no evidence of the existence of sugar. The case, therefore, is one of diuresis, not diabetes.

The excessive discharge from the kidneys is to be checked by promoting the action of the skin. The patient is to take a warm bath every evening, and have his skin rubbed; he is to take small doses of gallic acid and opium, to endeavor to promote the normal action of the skin.

Autopsia Cadaverica—Extensive Cancerous Degeneration of the Internal Organs.—This was made on the body of a patient who had died with symptoms of jaundice, produced evidently from some obstruction, though the precise cause was unrevealed until after death. The patient was a female 46 years of age, who had enjoyed good health until November last, when she became subject to severe attacks of pain in the back, attended by some little vomiting. These pains were often sufficient to cause her to

faint, and one very severe attack was followed next morning by symptoms of jaundice, which increased until her death. Those in charge of the patient could never detect the existence of any tumor of the liver, and towards the latter part of her life the abdomen was too much distended to allow of any satisfactory examination. The patient was very much emaciated, and gradually wasted away in spite of treatment. The post mortem examination revealed that the liver was small and contracted, and its whole surface studded with numerous little prominences, which seemed to radiate from points like cicatrices. At the gall-bladder, there was an immense deposit of cancerous growth, involving the gall-ducts, and completely obliterating the larger duct, and actually appearing to obliterate the gall-bladder itself, though no attempt was made to dissect out the gall-bladder from the cancerous mass. There was a great mass of cancerous matter at the upper curvature of the stomach, and also at the pylorus, diminishing somewhat the size of the pyloric orifice.

Numerous little cancerous tumors dotted the surface of the peritoneum, and every part of the intestinal canal was covered with cancerous matter, and there was a large amount distributed along the mesentery. At the cœcum, there was an immense collection of fecal matter, feeling like a tumor, showing that the woman could not have had a free evacuation from her bowels for some months; inflammation had been set up, agglutinating to some extent the surfaces of the intestine. The omentum was very much thickened, and looked like a thick leather apron, being altogether converted into a carcinomatous mass. The spleen had a quantity of this deposit upon it, and also the uterus, and even the ovaries. The kidneys showed small abnormal cysts. The lungs even had a few small cancerous masses disseminated through them. The heart was very much atrophied, and the cavities very small, the organ affording an example of what is known as concentric hypertrophy—there being thickening of the walls of the heart, without dilatation—but on the contrary, atrophy. Every part of the body was stained with the yellowish matter of the bile.

JEFFERSON MEDICAL COLLEGE.

WEDNESDAY, MAY 2D, 1860.

Surgical Clinic by Prof. Gross.

Ozena.—This is an offensive discharge from the nose, of 8 years standing, in a man 30 years of age. It cannot be learned from the history of the case whether the cause be syphilitic or strumous.

The patient is to be put on a course of iodide of potassium, and bichloride of mercury, in the propor-

tion of 10 grs. of the former to 1-10 gr. of the latter; which is to be continued for a number of months, as no rapid impression can be made on the disease. The bowels are to be kept soluble by 5 grs. each of blue-mass and compd. ext. of colocynth with one gr. of ipecacuanha, administered every 3d or 4th night. The patient is to wash thoroughly every morning, and when the weather moderates, every morning and evening, with tepid water impregnated with salt, mustard, or some other irritating substance; he is to inject twice a day into his nose a solution containing $\frac{1}{2}$ gr. of sulphate of copper and 2 grs. of tannin, to the ounce of water; using a 4 oz. syringe with a long nozzle perforated at various points, employed with some force, so as to detach any secretion which may have a tendency to adhere to the parts.

His diet is to be nourishing, and he is not to expose himself to the vicissitudes of temperature.

Laryngitis.—This is in a married female. There is complete aphonia. Examination of her throat showed that the uvula had been torn and destroyed, and that the posterior arches of the palate were perforated at two places, but there was no inflammation at these parts; there was manifest thickness of the epiglottis, but no ulceration visible. The patient has been unable to speak for five months, and supposes her difficulty to have been brought on by cold after confinement. The throat was sore two years ago. There may have been some specific disease which has destroyed the uvula and perforated the arches of the palate. It is probable that there is thickening of the mucous membrane of the larynx, and perhaps some inflammation there, the disease being seated in the region of the vocal chords. The woman is losing flesh, is pale, has fever at night, coughs up blood occasionally, and her bowels are costive.

In six years of married life she has had five pregnancies, of which she carried to term two children, now living; while she had three premature deliveries, at 5 and 7 months, the fetuses presenting evidences of having been dead in the womb, some time before their extrusion. The patient complains of pain in the throat and shoulders, most severe in the night.

The history of the case shows the difficulty, in all probability, to have been brought about by specific disease.

She is to take 10 grs. iodide of potassium and 1-8 gr. bichloride of mercury a day, pushed to slight ptyalism; and a cathartic is to be administered every 4th night, containing 5 grs. each of blue-mass and compd. ext. of colocynth, with 1 gr. ipecacuanha. Every morning and evening, a few drops of croton oil are to be rubbed on the throat until there is a good crop of pustules produced, and then the oil is to be applied less frequently, and in smaller quan-

tity. The larynx is to be swopped once every other day, or every fourth day, with a solution of nitrate of silver, as practised by Dr. Horace Green of New York.

Talipes varus with equineus.—This is a little girl, in whom the difficulty was first noticed some 3 years ago, when she began to walk. The child has been subject to convulsive spasms for two years past. The child rests the weight of the limb on the outer margin of the foot, the inner margin being turned up; the heel being retracted, owing to a shortening of the tendo achilles. The heel could not be brought down by manipulation.

The tendo-Achillis was divided subcutaneously, about an inch above its point of insertion, when the heel came down with an audible snap.

In three or four days a club-foot apparatus is to be applied to the limb, the child being kept quiet in the mean time, and not allowed to walk about.

Extrophy of the Urinary Bladder.—Dr. Gross exhibited to the class a boy with congenital extrophy of the bladder, for whom an apparatus is being made.

A full description of the case and the apparatus, with illustrations, will be found in another part of this number.

EDITORIAL DEPARTMENT.

Periscope.

The Therapeutical uses of Iodine have been very extensively discussed in the Academy of Medicine, in Paris, during the last month. From the debates, as published in the *Gazette Hebdomadaire*, we take the following propositions, laid down by M. Gibert:

"1st. Pure iodine, and especially iodine to which a sufficient quantity of iodine of potassium is added to render it soluble, as f. i. in Lugol's solution, readily exercises toxic effects, or, at least, effects sufficiently irritating to require attentive watching during its administration; the first accidents which occur are symptoms of gastro-intestinal irritation.

"2d. Iodide of potassium, connected with almost no danger, if not given in larger doses than usual, say from 1-3 grammes per day, possesses incontestable anti-syphilitic properties.

"3d. The surest method of treating syphilis is that of combining iodide of potassium with mercury. The syrup of the ioduretted deuto-ioduret of mercury of the French Pharmacopia,

M. Gibert considers preferable to the proto-ioduret; the insolubility and irritative action of the latter upon the intestines, in the opinion of the author, do not warrant the popularity, which the latter preparation has attained.

"4th. The mercurial frictions, recommended by Astruc, and Van Swieten's liquor, should be placed in the first rank of antisyphilitic remedies.

"5th. The anti-scrupulous action of iodine has been exaggerated by Lugol. Internally the effects of iodine are of no value unless combined with hygienic and dietetic measures, which are all-powerful in scrofulous diathesis. But the topical action of iodine preparations, especially of tincture of iodine, is very useful in the treatment of the various complications of this diathesis.

"6th. Practical medicine needs a variety of specifics, and under this head we can congratulate ourselves to the introduction of iodide of potassium in syphilis.

"7th. The iodism observed by physicians of Geneva, is a kind of intoxication, almost unknown to the practitioners of Paris."

Aquatic Tumor of the Labium, by A. L. Underwood, of St. Paul, Ind. (*Cincinnati Lancet and Observer*.)—Dr. McBride, of Dublin, is supposed to be the first British writer upon the subject of sanguineous tumors, or thrombus, the appearance and cause of which he accurately describes in 1776.

Since that time Merriman, Dewees, Denman, Hamilton, Campbell, Velpeau, and other writers, have more elaborately noticed the same thing. From the description by authors, but one opinion seems to exist in regard to its nature and cause. But how can an *aqueous* tumor, developed in the same locality immediately after parturition, be accounted for? When we consider the extreme vascularity of the greater labia, the liability to rupture of some of its blood vessels, thereby necessarily producing a sanguineous tumor, will be very obvious; but what vessels are there that might be ruptured, and the result be an aquatic tumor? Dr. U. gives an instance in which a large tumor, involving the right labium and perineum, was found in a young woman after a natural delivery, which, upon being lanced was found to contain a semi-transparent fluid, entirely clear of sanguineous matter. In twenty minutes the patient was entirely relieved. What is the rationale of this aquatic accumulation.

Fallopian Pregnancy, Rupture, Death.—Before the obstetrical Society of London, Dr. Henry Grace, the *Lancet* reports, related a case of death from rupture of a Fallopian tube. The patient was six or seven weeks advanced in pregnancy. At the post mortem examination about three pints of blood, partly coagulated, were found within the peritoneal sac. The source of this was a rupture of the left Fallopian tube, which was enlarged about its middle to the size of a walnut. On cutting into this enlargement a layer resembling the decidua, presented itself within the tube, connected with the chorion; and on a deeper incision being made through the amnion, about a drachm of liquor amnii escaped, and an ovum of about six weeks was seen. The uterus was neither enlarged nor congested and had no decidua.

Dr. Mitchell's Experiments in the Artificial Production of Cataract.—The original observations of Dr. J. W. Mitchell, of this city, on this subject, have excited much attention from European physiologists. Dr. Richardson, of London, has repeated them fully, and at the last meeting of the London Medical Society, reported the result of numerous experiments. The following is an account of his experiments, with the conclusions drawn from them:

Glycerine.—Two experiments were performed with glycerine. In the first, one drachm of glycerine being injected into the dorsal sac of a frog, there was produced, in three hours, posterior opacity of the lens. In a second experiment, a drachm and a half was injected, which caused death in six hours, without cataract.

Alcohol.—A drachm of absolute alcohol, injected into the dorsal sac of a frog, caused death in two hours, with extraordinary shrinking of the body, and distinct double cataract posteriorly. Half a drachm of absolute alcohol injected into the dorsal sac of another frog, caused death in six hours, with distinct cataract, but, singularly enough, on one side only.

The cataractous condition produced by glycerine and alcohol resembled that produced by sugars. **Chloride of Sodium.**—By introducing into the dorsal sac of a frog, from two to three drachms of a solution of chloride of sodium, of specific gravity 1.150, the animal was rendered tetanic; and, in twenty minutes, the limbs were drawn immovably towards the body, but jactitation of the muscles continued for an hour, when the animal died. Distinct cataract was produced in both lenses before death. In another experiment, a drachm and a half of

the solution was used; the same symptoms followed, but more slowly. Distinct cataract resulted. In a third case, one drachm of the same solution was injected; death occurred in two hours, marked cataract having previously appeared. In a fourth case, half a drachm was used; death occurred during the third hour, with the same signs of cataract. In a fifth case, one drachm of solution of chloride of sodium, of specific gravity 1.050 was thrown in. In three hours there was distinct double cataract; the animal was immensely shrunk, and the skin was dry, almost like parchment. Placed in water, the animal recovered; and, the water being frequently changed, the cataract entirely disappeared in fifty-three hours. Cataract was reproduced in this animal, again removed, and again reproduced. Dr. Richardson presented the animal, with cataract a third time produced. The character of the cataract produced by chloride of sodium seems to differ materially from that produced by sugar. The lens is much firmer, and the opacity extends through the whole structure. The lens resembles one that has been boiled. **Iodide of Potassium.**—From the chemical analogy between chloride of sodium and iodide of potassium, Dr. Richardson had been led to use the latter salt in the same way; the general symptoms produced were very similar, but the cataractous condition did not result. **Acid Urate of Soda.**—From the fact of the insolubility of the urate, Dr. Richardson said he did not expect that a cataract could be produced by the introduction of this substance into the blood. He did not conceive, that any osmosis could be established by the salt; but an accidental experiment had led him to try what could be done in this direction. On March 2, of the present year, he had commenced to administer to a well fattened and healthy bitch, the acid urate of soda, in doses of two to three drachms daily, with her food. His object was to ascertain whether any affection of the joints would be produced. At this time she had taken nearly a pound of the urate, with no effect whatever on the joints; but, within the last three weeks, with distinct and rapidly-increasing indications of double cataract. The animal was exhibited to the Society. Acting on this suggestion, the author had tried to produce the same effect on frogs, by charging them with the urate of soda, but without any similar result. The occurrence of cataract in the larger animal might therefore be a coincidence; but Dr. Richardson was inclined to think that it was an indirect effect of

the urate, that is to say, he believed that the urate was decomposed in the digestive process, and changed into a soluble salt of soda; which, being conveyed into the blood, produced the cataractous condition. In proof of this, he showed that a solution of lactate of soda, of specific gravity 1060, produced cataract in frogs when injected. Dr. Richardson drew the following conclusions from the experiments:

1. In addition to the sugar-cataract, there is producible what may be called a saline cataract;
2. The appearances of the cataracts as produced by different solutions, vary; thus the cataract produced by chloride of sodium differs from that produced by grape-sugar;
3. The same cataractous appearances can be produced in a clear lens, after removal from the body, by immersion in solutions of sugar, salines, etc.;
4. As the cataractous appearance is modified by the density of the producing body, and is removable by reversing the conditions which have led to it, and as it is producible in a clear lens removed from a body, it is a demonstration that the cataract induced in the different animals is a purely physical—that is to say, osmotic—change.

Discharge of Contents of Ovarian Cyst through the Bladder.—Dr. Ulrich (*Medical Times and Gazette*, April 14th, Monatsschrift fuer Geburtskunde, Band xiii., p. 167) reported this case to the Berlin Obstetrical Society. It occurred in a woman, aged 35, who had suffered for eleven years from abdominal tumors, which were believed to be ovarian. At last acute inflammation set up within the cavity, and, although this was subdued, an abiding tenderness continued. After undergoing a temporary increase, this subsided, and, to the great relief of the patient, a large quantity of thick fluid, containing fatty matters, was discharged through the bladder, so that in a few days several quarts had passed. The tumor diminished in size, a smaller hard portion always remaining. The urine still continues, a year afterward, to occasionally contain fatty and purulent matters, but the woman has become apparently quite restored to health. Prof. Virchow observed that the ovarian origin of this matter could not be called into doubt, the ovarian sebaceous glands being the only structure capable of supplying those masses of fat. In fact, the communication of ovarian cysts with the bladder has often been observed; but the dermoid membrane furnishing the fat remaining undestroyed, the discharge, no doubt, would continue to recur.

Reviews and Book Notices.

Lectures on the Diseases of Infancy and Childhood. By CHARLES WEST, M. D. Author of "Lectures on the Diseases of Women;" Fellow of the Royal College of Physicians; Examiner in Midwifery at the Royal College of Surgeons of England, etc., etc. Third American from the fourth revised and enlarged London edition. Philadelphia: Blanchard and Len.

It is hardly necessary for us to go into an extended review of a new edition of this classic work on the most important and difficult branch of practical medicine. These lectures, to quote the author's own language, "now embody the results of 900 observations, and 288 post-mortem examinations made among nearly 30,000 children, who, during the past twenty years, have come under my care." Based upon such a mass of clinical observations and facts, we are not surprised at the rapid exhaustion of three editions of the work since 1848; and as the importance of the study of infantile pathology and therapeutics, comparatively neglected in former years, is daily becoming better appreciated, both at home and abroad, this new edition, revised and enlarged, so as to keep pace with the rapid progress of the science, will be a welcome, permanent guest in the study of the physician.

The lecture on *Diphtheria* is one of the many to which the author has largely added since the last edition; and, from the interest which attaches to the subject at the present time, the readers will not find fault, if we give a short synopsis of the views of Dr. West. In regard to the pathology of the disease, the author, as might be expected, corroborates the views held by most, if not all, writers on the subject, that the great distinction between it and croup, consists in the one being a *blood disease*, the other a local inflammation. The much-debated question as to the identity of scarlet fever and diphtheria is fully dwelt upon, and the author inclines to the opinion that the two are not identical, though leaving it an open question, which is to be decided by further and more accurate information. Our readers will remember an important clinical observation by Prof. A. Clark, of New York, published in the *REPORTER* of February 11th, in which the patient, a child eight years of age, was attacked with diphtheria. In six days, the diphtheria left the child, and scarlet fever set in, running its course regularly, no diphtheritic exudation whatever taking place during the scarlatina. Scarcely convalescent from scarlet fever, the patient was seized with

measles, which, too, ran its course regularly and well marked. When the measles had left the child, it was again attacked with diphtheria, so severely that, at the time when the report was made, the patient was not expected to live. We hardly think that stronger proof can be found of the non-identity of these diseases.

In reference to the treatment of diphtheria, local applications of nitrate of silver in solution, (one drachm to the ounce,) are recommended, and, if this fails, more powerful applications, such as strong hydro-chloric acid, diluted with four to ten parts of honey. "One, or at the most, two applications of the stronger caustics, in the twenty-four hours suffice; and one of the reasons why their use is preferable to the more frequent application of weaker solutions, is, that the act of applying them distresses the child, and is apt to be very violently resisted, so that it is desirable that these contests, which tend of necessity to weaken as well as annoy it should occur as seldom as possible. Regarding the constitutional treatment, this is considered as of the highest importance. It should consist almost exclusively in the administration of food and stimulants, and the employment of tonic remedies. Beef-tea must be given from the first, and stimulants must not be long delayed. Quinine, with the tincture of bark and hydro-chloric acid, at short intervals, are the author's favorite tonics. The chlorate of potash he has not found to have any power to control the diphtheritic deposit. Neither has the sesqui-chloride of iron vindicated, in his hands, its claims to that specific virtue to which some practitioners have given it credit. The author, however, states that he does not consider his experience sufficient to warrant his expressing a decided opinion with regard to it, and adds, that on theoretical grounds, it would not be possible to find a remedy more appropriate than iron in cases of diphtheria.

The following two lectures are entirely new: "On Sudden Death in Infancy and Childhood," and on "Cerebral Symptoms Independent of Cerebral Disease." Two most important additions indeed.

Sudden death in infants bears a remarkable proportion to the whole number of sudden deaths. Out of 627 instances in which death took place suddenly, within the London registration district, in 1854, 236 were cases of infants under a year old. Our space does not allow us to give a full review of this chapter, replete with valuable facts to the practitioner, to which we may refer hereafter. We have only room for the following conclusions:

1. That sudden death in infancy and early childhood is most frequently dependent on spasmodic disturbance of the respiratory process.

2. That the occurrence of a single convulsion from such spasms, renders it in the highest degree probable that others will follow it, and consequently implies a far greater risk of sudden death than exists so long as no such convulsion has taken place.

3. That when any spasmodic disorder of respiration is present, it is impossible to be too careful in avoiding any sudden impression on the nervous system—any sudden change of temperature—any hasty alteration in posture—in short, any cause whatever by which the respiratory process may be disturbed.

We close this hasty notice with the simple remark that no medical library is complete without this last edition of West on Diseases of Infancy and Childhood. The "getting up" is in Blanchard and Lea's well-known substantial style and good taste.

Valedictory Address to the Graduating Class of the St. Louis Medical College. Delivered March, 1860.

By CHARLES A. POPE, M. D., Professor of Surgery.

Like everything of a literary character emanating from this accomplished teacher, this address is elegant and appropriate. It is one of counsel, inciting to industry and an honorable ambition. While on the subject of books, he thus impresses the necessity of improving the fleeting hours of life:

"Seize the moment of excited curiosity for examining a subject, though you have but a minute of time to devote to it. Vast stores of knowledge have been acquired, and reputations achieved, by improved fragments, the gold dust of time; and a well arranged library is necessary for such a result. Sir Astley Cooper well understood the manner of employing these fragmentary moments of time, for he wrote or dictated most of his works while riding in his carriage through the streets of London, in his daily rounds of professional visits. He was thus enabled to accomplish an amount of work which seems almost incredible, and to raise his professional income from twenty-five dollars the first year of his practice, to the large sum of a hundred thousand dollars per annum. Thus, whether achieving professional or any other renown, we acknowledge the truth of the energetic words of Dante: 'Sitting or lying down, man marches not to glory. He who consumes his life in idleness, leaves no more trace on earth than the smoke on the air or the foam upon the sea.'"

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MAY 12, 1860.

"POISONED BY MISTAKE."

We can scarcely take up a newspaper without finding an item such as heads this article. "Poisoning by mistake," is an evil which may be avoided to a great extent, by proper attention and precaution in the sale and dispensing of poisonous drugs. So much has already been said and written on the subject, and it is so thoroughly understood by medical men, and the necessity of adopting strict measures has been so often and strongly urged in the pages of the REPORTER, that we consider it unnecessary to go into any lengthy argumentation. We are glad, however, to receive and lay before our readers practical suggestions and plans, which will tend to lessen the danger arising from the sale of poisonous drugs, and thus ultimately to save the lives of not a few.

An esteemed correspondent from Newark, in view of some recent cases of poisoning by mistake, among which he mentions one where a whole family was nearly killed by arsenic, which had been mistaken for saleratus, and mixed with pastry, suggests that *arsenic*, whenever sold for destroying rats or vermin, should be mixed with lamp-black, or Armenian bolus, which are cheap articles, and would not interfere with the efficiency of the poisons. The article thus colored should, furthermore, be wrapped up in red paper, marked with the skull and cross-bones—signs which even those who cannot read the word "poison" can readily understand. It will be remembered, that, in England as well as in Germany and France, all these precautions are taken, and, as a consequence, these fatal mistakes, with which the newspapers of our country teem, are there of comparatively rare occurrence. With fluid poisons, the English system of colored bottles, with the warning sign of the skull, etc., should be adopted.

The special committee appointed at the Quarantine and Sanitary Association last year, will, at the coming meeting in Boston, proba-

bly report the plan and draft of a law, covering the whole ground of regulating and restricting, as far as is necessary, the sale of poisons, as well as of quack and patent medicines.

All this, however, is not sufficient to remedy the evil. It requires strong influences and energetic work to induce our State Legislatures to pass such laws, and a strict and intelligent MEDICAL supervision to carry them out. To accomplish this, it is necessary that the medical profession should take action in the matter, both collectively and individually. We say *individually*, for in such things the influence and exertions of a few energetic men often accomplish more than the mere resolutions and plans of large bodies.

THE PRESIDENCY OF THE AMERICAN MEDICAL ASSOCIATION.

In noticing the approaching meeting of the American Medical Association at New Haven, the editor of the *American Medical Gazette* uses the following language:

"As the high honor of the Presidency was awarded to New Haven when the Association last met in New York, may not a fair reciprocity prompt our brethren there to relinquish, as we did, the prescriptive claim which usage has so often conferred upon the place of meeting, and which, it seems, is to be contested in certain quarters? Should such be the disposition manifested at New Haven, we propose that they compliment New York in turn, by the nomination of *Prof. Valentine Mott*," etc.

No man knows better than the editor of the *Gazette*, the fallacies contained in this statement. The Presidency was not awarded to New Haven as a *compliment*, as his language would imply, but because the quarrel between rival factions in New York was so fierce and bitter, that a harmonious election was impossible.

The friends of Dr. Francis would not permit the election of Prof. Mott, and *vice versa*, so that, it being apparent that no man from New York could be elected, it was proposed to compromise by going out of the State, and electing Dr. Knight, of Connecticut, to the

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presidency. When our brethren in Connecticut find themselves at a "dead lock," and unable to agree upon a candidate for the presidency, it will be time enough to "compliment New York in turn;" but as the opinion of the profession in New Haven is unanimously in favor of a distinguished physician of that city, the compliment sought will necessarily be postponed.

Take it all in all, we regard this attempt of the *Gazette* to forestall the action of the Association, as an impertinence which will be frowned upon by the profession generally, but by no one more heartily than the eminent and veteran Professor to whom he refers.

Correspondence.

"A NEW THEORY OF PHTHISIS."

Davenport, Iowa, May 3d, 1860.

Editors Medical and Surgical Reporter:—In the April 21st number of your journal, I read, under the caption of "*A New Theory of Phthisis*," a notice of a work lately issued in London, with the title of "*Consumption, its True Nature and Treatment*," by Godwin Tims, M. D.

From some recent editorial observations in reference to the *N. Y. Journal of Medicine*, I infer that you are disposed to "encourage American talent and research," and give due credit to discoveries in medical science made in this country. Now the truth is, this new theory was announced to the profession by myself, in a paper on the "Medical Properties and Therapeutic Effects of the Chlorate of Potash," published in the *N. Y. Journal of Medicine*, in July, 1859, nearly a year ago, which article has been republished in several medical journals in England.

Allow me to call your attention to pages 24 and 25 of that number of the *N. Y. Journal*, and you will find that Dr. Tims has been anticipated by an American. But, as often happens, a new theory in medical science, or an improvement in practice, can be recognized only after its promulgation from the other side of the Atlantic. In his therapeutics, as deduced from this theory, Dr. Timshas not, in my opinion, yet reached the true and appropriate method, as I am prepared to show by a report which I may ere long present before the profession.

I will quote from the paper referred to: *N. Y. Jour. of Medicine*, July, 1859, page 24.

"As most of the products of inflammation consist of protein compounds in some form or combination,

the addition of one or two equivalents of oxygen will render them soluble by conversion into the *deutoxide* or *tritoxide*, and permit their absorption by endosmosis into the adjoining vessels. Even tubercular deposits are known to consist principally of protein compounds, and we all know that the most effectual means of retarding or preventing their development consists in active out-door exercise, in the pure air of the country, by which the system is supplied more freely with oxygen, and the *effete products of interstitial decay* more rapidly removed. Absolute deprivation of exercise, even in pure air, will lead to the deposit of tubercles.

This has been well illustrated recently by Drs. Byford and Graham, of Chicago, in experiments upon animals, and confirmation of the opinion is found in the lungs of stall-fed cattle, the same as in the caged monkeys of Paris. The rationale of this can be readily understood when we consider that the circulation is of necessity retarded by want of exercise, and this involves an imperfect removal from the system of such portion of the products of organic decay which result in the deposit of tubercles. The same effect is more frequently the result of living in crowded and ill-ventilated apartments, where the inmates habitually breathe an atmosphere not only rendered impure by exhalations from the lungs, but also rendered less vitalizing by containing a lower per centage of oxygen. Now, although the blood may circulate freely enough by means of exercise, yet it has not sufficient power, by means of a due proportion of oxygen, to carry on, in a healthy manner, all the functions of the body, and, in the same ratio, remove all its impurities. The most uniform effect of this retention is a tubercular deposit in the lungs or elsewhere, and this effect is most marked where the two causes are combined, viz.: a lack of exercise while living in crowded and ill-ventilated apartments."

Now please compare the above, and particularly the passages underscored, with the pathological views of Dr. Tims, as published in your journal, and you will see plainly that the credit of priority in the discovery or announcement of these "pathological views," involving "*A New Theory of Phthisis*," belongs not to Dr. Tims and his country.

Yours, respectfully,

E. J. FOUNTAIN.

MERCURY IN HYDROPHOBIA.

Marksville, La., 7th April, 1860.

MESSRS. EDITORS.—My attention having been quite recently directed to an article in one of the late numbers of your valuable periodical, March 17, 1860, having for its title, "*Hydrophobia successfully treated with Mercury*," by Dr. Ligget, taken from the last issue of the *American Journal of the Medical*

Sciences, has induced me most respectfully to submit for your consideration the few following remarks. The use of mercury is no novelty in the therapeutics of so terrible a disease as hydrophobia. The late Professor Potter, of the University of Maryland, with all the powers of a great and commanding intellect, strenuously and eloquently urged the administration of mercury as the ultimatum, the very sheet anchor of our hope, when called to treat a case of the kind. In his lectures on the theory and practice of physic, which I had the honor and pleasure of attending years long since gone, I was given to understand that he had treated successfully many cases of hydrophobia by pushing mercury to the point of ptyalism; he likewise informed us that he was in the habit of resorting to the remedy as a prophylactic when the disease was about to come on, and always with the effect of preventing the development of the symptoms. The eminent Professor no doubt learned this practice from his matchless and eloquent preceptor, the good and great Rush, of whom may it be truly said, like his faithful and enthusiastic pupil, "nil teigit, quad non ornavit."

Truly and respectfully,

Your obedient servant,

G. E. ELMER, M. D.

News and Miscellany.

The Ethical Condition of the Profession in California.—Dr. R. B. Carman, of San Francisco, presents in the *San Francisco Medical Press*, the following as his appreciation of the profession in California:

"Seldom do I meet with that dignified and gentlemanly courtesy that belongs to men of education, at the hands of my compeers in this community. Nay, I will speak plainly, the conduct of some medical practitioners here towards their brethren is unmanly and unworthy the name of gentleman, because it is devoid of principle. Why all this? Simply because the profession is divided within itself; we have feuds, cliques, and sects, all antagonistic to each other. Hence we have engendered animosities which lead to forgetfulness of duty and even of identity. Not only do members of our profession disregard the rights and privileges of other members of the faculty, but all professional etiquette is ignored; patients are taken indiscriminately from one another; remarks are circulated, derogatory to each other, without inquiring into the merits or qualifications of those that are slandered, and every consideration, that common courtesy demands, is over-

looked with the greatest impunity. The only resource left to those disposed to do their duty, is to demand satisfaction at the mouth of the pistol. To do this it would be necessary for one to possess many lives, in order to force his compeers to act their part as they should; but, unfortunately, we have but a single life, and that we consider too precious to jeopardize against another not deserving such notice, for when a man acts the ruffian he cannot be considered a gentleman by gentlemen."

It is hoped that the above is an exaggeration; but if the belligerent tone of the medical journals of California is any indication of the social state described, the profession, in that region, must indeed be in a depraved state.

A New Dodge—Spiritualism in Medical Practice.—The *New York Daily Times* is responsible for the following. A short time since the child of one of our up town families was suddenly seized with a sickness, which seemed so serious that immediately the family physician, a man of long beard, long bills, and its accompaniments, was sent for in great haste; but alas, he came not, and the sudden culmination of the disease into a terrific convulsion compelled the family to abandon their regular doctor and send for the nearest one, who proved to be an educated man of the old school—a serious objection, indeed, to the family, but which, in their distressed situation, could not well be helped. The character of the difficulty was quickly perceived, and an emetic speedily removed a quantity of undigested and improper food, restoring the child to comparative health. The thanks of the whole family were prodigally bestowed upon the physician, the preserver of their child, who was requested to continue his attendance till the child was entirely recovered. The next morning brought the tardy Dr. Pellets, who was met with a storm of reproaches for his neglect and inattention, and with the statement that if they had waited for him their child would now have been a corpse, and that now, as the doctor had done so much for them, they could never repay him, and he should continue to attend the child, and an intimation was held out that they should continue to employ him in the future. Dr. Pellets could not afford to lose so valuable a family without a struggle to retain it; so he said, commiseratingly: "I regret, my dear madam, the alarm you have been under and the danger in which your darling beautiful has been. At what hour did you

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say the child began to improve?" "It was just as the clock struck four," was the answer. "Ah, my dear lady, I thought it was so. It was five minutes before four o'clock when I entered my house and saw your call on my plate. My spirit was put into immediate communication with your child, and through it I was enabled to act upon the convulsed spirit of your charming little cherub!" "Is it possible, my dear Doctor Pellets? We thought it was almost a miracle, and foolishly attributed it to the action of this allopathic's poisonous emetic, which indeed only brought a few raisin skins and stones and a little bit of mince pie it had eaten! Ah! Doctor, forgive us for doubting you, and the hard words and harder thoughts we have had for you."

Poor Dr. Squills was incontinently, most unceremoniously, kicked out, and the spirits are in full favor. Even a doctor with journeyman assistants can't compete with one who has spirits at command with less trouble than Alladin.

The Peninsular Medical Journal, a monthly, hitherto conducted with much energy and ability by Profs. Gunn and Palmer, of Detroit, made its last appearance. The reason is, that the expenditures of the Journal were larger than the receipts. We are sorry to make this announcement. The "Peninsular" was one of the best and most high-toned of our exchanges.

The Georgia Medical and Surgical Encyclopedia, is a new medical monthly, having made its first appearance this month. It is edited by Horatio N. Hollifield, M. D., and Tom W. Newsome, M. D., of Sandersville, Ga. Its motto is, "Lege totum si vis scire totum."

Apropos,—we do not exactly understand how this motto agrees with the following, contained in the prospectus of the "Encyclopedia":

"Trusting that our pages may, however, occasionally be perused by other than medical men, we shall, as far as practicable, avoid introducing such topics as might offend the modesty of our readers, although they might otherwise be a legitimate subject of medical communication."

What, we ask "modestly," are these legitimate subjects of medical science that might offend "modesty," and who are the readers of the "Encyclopedia" that might so become offended? Will our worthy confreres enlighten us on these points?

At the meeting of the convention for revising the U. S. Pharmacopæia, recently held in Washington, the following Committee on Revision and Publication was appointed, and instructed to publish the revised Pharmacopæia, and report their action to the next convention in 1870:

Dr. Franklin Bache, of Philadelphia; Dr. E. R. Squibb, of New York; Dr. T. C. Carney, of Massachusetts; Dr. Geo. B. Wood, of Philadelphia; Dr. H. T. Cumming, of Maine; Mr. Wm. Proctor, of Philadelphia; Mr. Ira Carson, of Philadelphia; Mr. Wm. S. Thompson, of Baltimore; and Mr. A. B. Taylor, of Philadelphia.

A resolution was offered and adopted, that, in the index of the Pharmacopæia, the syllables of both Latin and English names be so divided and accented, that the index may also serve as a pronouncing vocabulary to the *Materia Medica*.

Army and Navy Intelligence.—Assistant Surgeon A. K. Smith, now at Barrancas Barracks, Fla., has been ordered to repair to Fort Randall, to join at that post the three companies of the Second Infantry, under orders to proceed from Fort Laramie to Fort Abercrombie, via Fort Randall, with which command he has been assigned to duty.

Surgeon T. C. Madison has been assigned to duty, with the command, under orders for an expedition against the hostile Kiowas and Camanches, and will accompany the four companies of the First Cavalry to leave Fort Riley on the 15th of May.

Surgeon Madison Mills has been ordered to repair to Fort Riley on or before the 10th of May, and relieve Surgeon T. C. Madison.

Surgeon Pinkney, late of the San Jacinto, has been condemned by a medical jury, and ordered home.

Leave of absence for eight months, for the benefit of his health, has been granted to Assistant Surgeon C. G. Hallenbush, Medical Department.

Leave of absence, for three months, has been granted to Assistant Surgeon G. K. Wood, Medical Department.

Joseph Rowland Hill, of Pennsylvania, was confirmed by the Senate, on the 13th ult., as Assistant Surgeon in the Army from that date.

Acting Assistant-Surgeon Peters is assigned to Fort Davis, Texas. Assistant Surgeon Sutherland proceeds to Fort Duncan, and will relieve Dr. Olmstead, who will be discharged from service.

Medical Autographs—A sale of interesting medical autographs is shortly to take place at Paris. Amongst them, is one of Ambrose Paré, in which he gives a receipt of 25 golden crowns for half a year's dividend on the stock of the city of Paris; the bulletins respecting the health of the Duchess of Berry and the Duke of Bordeaux, signed by Dupuytren. Also, the autographs of Helvetius, the introducer of ipecacuanha; of Boerhaave, Berzelius, Magendie, Broussais, and others.

Prizes offered by Medical Societies.—The Medical Society of Bordeaux offers, for 1860, a prize of £12 on the following question: "On the Prophylaxis of Tuberculosis." For 1861, a prize of £20 on the following subject: "Show, by well-observed and severely controlled facts, whether Disturbances of the Will are independent of Disturbances of the Intelligence; and settle what circumstances constitute a man irresponsible for his acts. What requests could, in this respect, be offered to Government as to a change in the law?" The essays, which may be written in Latin, French, Italian, English, or German, should be sent to M. Dégranges, Secretary to the Society, 25 Rue Ste. Catherine, Bordeaux, before September 12th.—*Lancet*.

Amount of Oxygen in the Atmosphere.—It has been calculated, that, if there were no causes to return the Oxygen abstracted from the air by respiration, combustion, and decay, the human race could, notwithstanding, live 903,030 years.

Swift's Skull and Phrenology.—In 1835, (ninety years after his death,) Swift's skull was examined as a matter of scientific curiosity. Phrenologically, it was a disappointment—the extreme lowness of the forehead striking every one, and the so-called organs of wit, casualty, and comparison, being scarcely developed at all.

The Somniferous Effects of Opium, and of other narcotic plants, were very well known to the ancients. In describing the dwelling-place of Somnus, the God of Sleep, Ovid, in his *Metamorph.* pictures it as a dark cavern, around the entrance of which grow somniferous plants:

"Ante fores antri fecunda papaver florent
Innumeraeque herbae, quarum de lacte soporem
Nox legit et spargit per opacas humida terras."

The Heart's Contractions.—If we take seventy contractions of the heart per minute, as the average number in man's life from the cradle to the grave, we obtain the enormous sum of 524,160,000 contractions during a lifetime of seventy years.

Spasmodic Sneezing—Dr. Mosler, of Gießen, relates a curious case of spasmodic sneezing. A girl, twenty-two years of age, who was suffering from an affection of the right ear, as a sequel of typhoid fever, was suddenly attacked with continued sneezing, which lasted for twenty-four hours. Taking only six fits of sneezing for each minute, which is less than actually occurred, we would have 8,640 sneezings during the 24 hours.

On the 23d ult., Dr. Isaac H. Hampton, of Bridgeton, N.J., celebrated his golden wedding. Fifty years of wedded life with a congenial companion, is an agreeable offset to fifty years of arduous professional toil!

To Correspondents.

Dr. E. L. M.—Asthma is one of the diseases in which a great variety of remedies have been used with more or less success. The class of narcotics is generally placed by authors at the head of the list; yet we think that they should be used with caution and not be persisted in, if speedy favorable effects are not produced. Inhalations, smoking of stramonium leaves possess considerable reputation. We have found iodide of potassium, in scruple or twenty-five grain doses very useful in this disease. Nitric acid is highly recommended in large doses by good authority. It is a strong oxydizing agent (NO₅) and its effects may be due to the large supply of oxygen which it yields, thus counteracting, in a measure, the insufficient decarbonization of the blood, which results from difficulty of respiration.

It will be remembered that nitric acid has been used with much benefit and success in another affection, also characterized by insufficient aeration of the blood namely in hooping cough. The chlorate of potass might be used with benefit.

The most recent treatment is that of subcutaneous injections of narcotics, especially sulphate of atropine upon and along the course of the pneumogastric nerve. M. Courty, not long ago reported to the French Academy a memoir, on this subject. He details several successful cases. The strength of the solution injected by Courty was one part of the sulphate of atropine to one hundred of water; of this, six drops were first injected, and produced temporarily marked toxic effects. In four days the operation was repeated three times, the quantity of the injected solution being increased one drop; the patients were entirely relieved. The mode of procedure was to take a subcutaneous injection-troikart, insert it at the edge of the sterno-clavicular mastoid at the level of the thyroid cartilage and inject the solution along the course of the pneumogastric nerve. After every operation the symptoms of atropine poisoning occurred, lasting from eight to twelve hours. These were combatted by sinapisms, opium, etc. This mode of medication requires still further investigation, and should be used with great caution.

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Dr. W. S. Mott.—In preparing Clemens' tonic, alterative and solvent solution of arseniated bromide of potassium, the ordinary potass carb. may be used instead of the old-fashioned, so called potass subcarb. e tartaro. Of the former however, a few more grains should be used, than when the latter is taken, so as to compensate for the larger amount of water in the ordinary carbonate, which is a more hydrated salt. We give the formula again:

Take: Arsenious acid, (the common white arsenic of the shops),..... one drachm.

Carbonate of potass.... one drachm and fifteen grains.

Boil with half a pound of distilled water until both are perfectly dissolved; cool and add distilled water sufficient to make a twelve ounce solution. Finally, add pure bromine, two drachms. The solution must be shaken several times daily for a week; it will become colorless in four weeks time, when it is ready for use, and must be kept in the dark. The dose is 3 to 4 drops in a glassful of water, once or twice a day.

A correspondent asks us whether we do not pay the postage on the REPORTER. No! The postage, if prepaid at the place where the Journal is received, amounts to only 13 or 14 cents per annum.

COMMUNICATIONS RECEIVED.—*Connecticut*, Dr. S. G. Hubbard—*Delaware*, Dr. H. F. Willis, (with encl.)—*Georgia*, Dr. Omar H. Pauli, (with encl.)—*Illinois*, H. W. Kendall, (with encl. for Dr. M. H. Banc), Dr. E. D. Gates—*Iowa*, Dr. Geo. M. Staples, (with encl.) Dr. J. M. Adler, Dr. E. J. Fountaine—*Kansas*, Dr. Alfred A. Woodhull, (with encl.)—*Massachusetts*, Dr. C. Burnet Smith, (with encl.)—*New York*, Dr. C. M. Kingman, (with encl.), Dr. Geo. W. Cook, (with encl.), Dr. H. B. Wilbur, (with encl.) Dr. J. B. Hayes—*North Carolina*, Drs. Patterson and Stewart, (with encl.)—*Pennsylvania*, Dr. J. H. Wilson, Dr. D. A. Arter, (with encl.) Dr. Geo. Mays, Dr. John W. Thompson—*Tennessee*, Dr. James H. Snodgrass—*Texas*, Dr. J. Thomas Russell.

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MARRIAGES.

COURT—JOHNSON.—April 18th, at Fort Mason, Texas, at the residence of Capt. W. Johnson, U. S. Army, by the Rev. R. F. Bunting, Lieut. George B. Cooby, U. S. A., and Miss Antonia B., daughter of Dr. John M. Johnson, of Paducah, Ky.

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D. HAYES AGNEW, M. D., Lecturer on Anatomy, and Surgeon to the Philadelphia Hospital.

ADDINELL HEWSON, M. D., Surgeon to Wills Hospital.

J. DA COSTA, M. D., Physician to the Episcopal Hospital.

F. E. LUCKETT, M. D., Physician to the Philadelphia Hospital. Also to the editors of this journal.

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S. W. BUTLER, M. D., Librarian.

April 28, 1860.

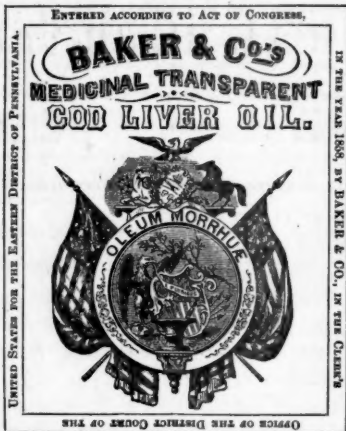
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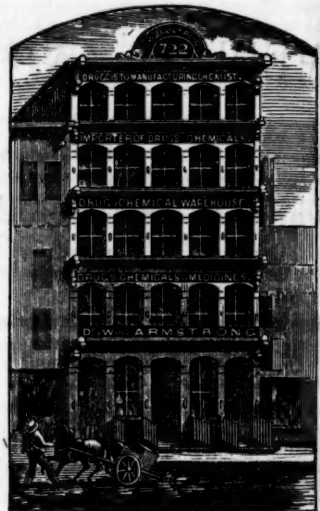
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